CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STREET

udumne lounk

NAME

MAILING ADDRESS

(Business Address Acceptable)

STATEMENT OF ECONOMIC INTERESTS



OPTIONAL: E-MAIL ADDRESS

COVER PAGE

2010 MAR 17 PM 3: 20

A Public Docu

| ument | | DESORAL RESELLACION. |
|----------|----------|--------------------------|
| (MIDDLE) | | DAYTIME TELAI |
| H. | | |
| STATE | ZIP CODE | OPTIONAL: E-MAIL ADDRESS |

1. Office, Agency, or Court Name of Office, Agency, or Court: Country of Tuolumne
Division, Board, District, if applicable: Board of Supervisors
Your Position: Supervisor Dist. ▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency: TCGDA Position: Board Member 2. Jurisdiction of Office (Check at least one box) State County of Tuelumne City of _____ Multi-County _____ Other _ 3. Type of Statement (Check at least one box) Assuming Office/Initial Date: ____/____/____ Annual: The period covered is January 1, 2009, through December 31, 2009. -or-O The period covered is ____/___, through December 31, 2009. Leaving Office Date Left: ____/____ (Check one) O The period covered is January 1, 2009, through the

-or-

Election Year: ___

___/____, through

date of leaving office.

O The period covered is ___ the date of leaving office.

Candidate

| 4. Schedule Summary | | | | |
|---|--|--|--|--|
| Total number of pages including this cover page: | | | | |
| ➤ Check applicable schedules or "No reportable interests." | | | | |
| I have disclosed interests on one or more of the attached schedules: | | | | |
| Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership) | | | | |
| Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership) | | | | |
| Schedule B | | | | |
| Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments) | | | | |
| Schedule D Yes – schedule attached Income – Gifts | | | | |
| Schedule E X Yes – schedule attached Income – Gifts – Travel Payments | | | | |
| -or- | | | | |
| No reportable interests on any schedule | | | | |

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-17-10 Signature

FPPC Form 700 (2009/2010)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

| CALIFORNIA FORM 700 |
|-------------------------------------|
| FAIR POLITICAL PRACTED S COMMISSION |
| Name |
| RICHARD PLAND |

| NAME OF PURINESS PATTY | |
|---|---|
| NAME OF BUSINESS ENTITY | NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | Ford |
| | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| Fuel | Vehicles |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 \$10,001 - \$100,000 | \$2,000 - \$10,000 |
| \$2,000 - \$10,000\$10,001 - \$100,000\$ \$100,001 - \$1,000,000 Over \$1,000,000 | \$100, 0 01 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other Describe | Strock Other |
| Partnership O Income of \$0 - \$500 | (Describe) Partnership O Income of \$0 - \$500 |
| O Income Received of \$500 or Mare (Report on Schedule C) | O Income Received of \$500 or Mare (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| // | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | Verizon |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| Communications | Communications |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 \$10,001 - \$100,000 | |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 \$10,000 \$100,000 \$100,000 \$1,000,000 |
| NAJURE OF INVESTMENT | |
| Stock Other | NATURE OF INVESTMENT Stock Other |
| (Describe) | (Describe) |
| Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C) | Partnership O Income al \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C) |
| C Manual Company of Company of Strictular Cy | () microme Received or \$500 or wide (kepon on schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| / | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| NAME OF BUSINESS ENTITY | |
| De Bosiness ENTITY | NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | Comcast |
| | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| Utility | Cable TV |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 \$10,001 - \$100,000 | ☐ \$2,000 - \$10,000 ※ \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 Over \$1,000,000 | S100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | MATURE OF INVERTAGE |
| Stack Other | NATURE OF INVESTMENT X Stock Other |
| (Describe) | (Describe) |
| Partnership income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C) | Partnership O Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | / / 09 / / 09 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| Comments. | • |

SCHEDULE A-1 Investments

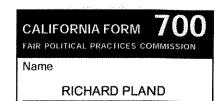
Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

| | 4 | |
|----------------|-------------|-----------|
| CALIFORN | IIA FORM | 700 |
| FAIR POLITICAL | PRACTICES (| OMMISSION |
| Name | | |
| RICH | HARD PLA | ND |

| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|---|---|
| Mother Lade Banking GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| Banking | The second results of |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 | \$2,000 - \$10,000\$10,001 - \$100,000 |
| S100,001 - \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock OtherDescribe) | Stock Other (Describe) |
| Partnership O Income ol \$0 - \$500 | Partnership O Income ol \$0 - \$500 |
| O Income Received of \$500 or More (Report on Schedule C) | ○ Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| Westamerica Bank | ► NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| Banking | |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| ☐ \$2,000 - \$10,000 ☐ \$10,000 ☐ \$1,000,000 ☐ Over \$1,000,000 | \$2,000 - \$10,000 |
| · ' | \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT Stock Other (Describe) | NATURE OF INVESTMENT Stock Other |
| (Describe) | [Describe) |
| O Income Received at \$500 or More (Report on Schedule C) | Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C) |
| | |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| ACQUIRED DISPOSED | ACQUIRED D/SPOSED |
| NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | CENEDAL DECODIOTION OF DURINGS ACTIVED |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| | |
| FAIR MARKET VALUE \$2,000 - \$10,000 | FAIR MARKET VALUE |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| NATURE OF INVESTMENT | |
| NATURE OF INVESTMENT Stock Other | NATURE OF INVESTMENT Stock Other |
| (Describe) Partnership O Income of \$0 - \$500 | (Describe) Partnership (Discome of \$0 - \$500) |
| Income Received of \$500 or More (Report on Schedule C) | O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| / | / / 09 / / 09 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| Comments: | |

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

| NAME OF SOURCE | ► NAME OF SOURCE |
|---|---|
| ADDRESS (Business Address Acceptable) 1215 K St | ADDRESS (Business Address Acceptable) |
| Sacraments CA 95814 | CITY AND STATE |
| Business activity, if any, of source Buard Meetings | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE(S): 1 - 109. 131 - 109 AMT: \$ 1,017 | DATE(S): |
| TYPE OF PAYMENT: (must check one) Gift [] Income | TYPE OF PAYMENT: (must check one) Gift Income |
| DESCRIPTION: Expanses | DESCRIPTION: |
| NAME OF SOURCE | ► NAME OF SOURCE |
| DDRESS (Business Address Acceptable) ITY AND STATE | ADDRESS (Business Address Acceptable) CITY AND STATE |
| Sacramento CA 95814 Ousiness activity, if any, of source | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE(S): 1 1- 109 12 - 109 AMT: 5 374 (If applicable) | DATE(S): |
| YPE OF PAYMENT: (must check one) | TYPE OF PAYMENT: (must check one) Gift Income |
| ESCRIPTION: EXPENSES | DESCRIPTION: |
| | |
| Comments: | |
| | |